



**KCMO HEALTH DEPARTMENT
ENVIRONMENTAL PUBLIC HEALTH PROGRAM**

2400 TROOST AVE, SUITE 3000
KANSAS CITY, MO 64108
Phone: (816) 513-6315 Fax: (816) 513-6290



Public Health

It is the responsibility of the pool operator to complete this form for any drowning or accident at a public swimming pool. Submit promptly to the **KCMO Health Department, Environmental Public Health Program, 2400 Troost Ave, Kansas City, MO 64108**. Please print clearly.

Today's date:		
Name of pool:	Phone:	
Address:	City:	Zip:
Owner or person in charge:	Title:	
Date of accident:	Time of accident:	
1) Nature of accident (describe in detail):		
2) Accident victim name:		
-Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Fatal <input type="checkbox"/> Non-Fatal <input type="checkbox"/> Swimmer <input type="checkbox"/> Non-Swimmer <input type="checkbox"/> Unknown
3) Did injury occur? <input type="checkbox"/> Y <input type="checkbox"/> N		
- If yes, describe nature and extent of injury:		
4) Did injury require medical attention? <input type="checkbox"/> Y <input type="checkbox"/> N		
-If yes, explain treatment required and where provided:		
5) Was pool open at the time? <input type="checkbox"/> Y <input type="checkbox"/> N		
6) Was pool lifeguarded at the time? <input type="checkbox"/> Y <input type="checkbox"/> N		
7) If no lifeguard required, give name and location of nearest available person responsible for pool:		
8) What safety equipment was used?		
9) Name(s) of witnesses to accident:		
a)	Phone:	
b)	Phone:	
c)	Phone:	
10) Additional comments (Attach any applicable information, documentation or reports):		
Completed by:	Title:	Date:
Official Use Only		
Received by:	Title:	Date:
Pool permit #:		
*Attach copy of last swimming pool inspection report		